



PATENT
450100-02228

10/A
3-6-02
NP
clm

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

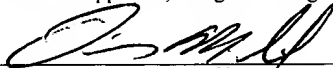
Applicant(s) : Shinichiro GOMI et al.
Serial No. : 09/464,161
For : IMAGE PROCESSING APPARATUS, IMAGE
PROCESSING METHOD, PROVIDING MEDIUM
AND PRESENTATION SYSTEM
Filed : December 16, 1999
Examiner : K. Nguyen
Art Unit : 2674

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Assistant Commissioner for Patents, Washington,
DC 20231, on February 6, 2002.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative



Signature

February 6, 2002

Date of Signature

AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the Office Action dated November 6, 2001, please amend the above-
identified application as follows:

PATENT
450100-02228

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shinichiro GOMI et al.
Serial No. : 09/464,161
For : IMAGE PROCESSING APPARATUS, IMAGE PROCESSING METHOD,
PROVIDING MEDIUM AND PRESENTATION SYSTEM
Filed : December 16, 1999
Examiner : K. Nguyen
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ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	6	Minus	= 20	0 ×	\$18(9)	= \$00.00
Independent claims	4	Minus	= 7	0 ×	\$78(39)	= \$.00
				Total additional fee for this amendment		\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$260 (\$130) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the __ first month, __ second month, __ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of __ \$110 (\$55), __ \$400 (\$200), __ \$920 (\$460), __ \$1,440 (\$720) for the requisite extension __ paid herewith.
- ☐ A check in the amount of \$.00 is attached.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Assistant Commissioner for Patents
Washington, D.C. 20231, on February 6, 2002

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

February 6, 2002

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)
By: Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800

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